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First 5 San Joaquin County Children and Families Commission

Year Two Evaluation Report: 2003

Prepared by Harder+Company Community Research
July 10, 2003

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EXECUTIVE SUMMARY

The California Children and Families Act

Proposition 10, and the subsequent California Children and Families Act of 1998, established dedicated funding to improve child health, strengthen families and help children be ready to learn by the time they start school. Proposition 10 increases sales taxes on cigarettes and other tobacco products by $.50 (or a comparable amount) to support local initiatives targeted at the health and development of young children—prenatal to age 5. The legislation created a State Commission, as well as local commissions in each county, to administer the estimated $600-700 million annual funding stream generated by the tax. Eighty percent of revenues were earmarked for County Children and Families Commissions to support local efforts for children and families. In 2002, the California Children & Families Commission is now referred to as "First 5 California."

The Act requires each county to establish a commission to oversee the implementation of the Act at the local level. One of most important functions of the commission was the development of a strategic plan to identify the needs of young children and their families in San Joaquin County and to establish priorities for funding.

Proposition 10 in San Joaquin County

The San Joaquin County Commission ("First 5 San Joaquin") implemented the Strategic Plan through competitive funding initiatives. In 2001, twenty-five contractors were funded to provide direct services to children, families, caregivers and teens at risk of unintended pregnancies. These initial programs were funded under two "rounds":

Round 1: Children's Health, Drug, Alcohol and Tobacco Prevention and Treatment;
Round 2: Parent Education, Child Care

"Special Projects" were also funded as part of these initial rounds. In 2002, the Commission funded two groups of contractors for direct services.

Round 3: Parental Skills, Child Health;
School Readiness: Early Care and Education, Parent and Family Support, Health and Social Services, School Capacity, and Program Infrastructure

Twelve additional providers entered into contracts with the Commission through these two rounds of funding. In addition to direct services, the Commission funded two planning grants during the 2002 – 2003 fiscal year. These planning grants are designed to develop systematic solutions for addressing early entry into prenatal care and prevention of unintentional injuries in children.

Conclusions and Recommendations

- **More than 18,000 people were touched by Commission funds this year**. The majority of these people were children 0-5, followed by parents and guardians of young children. These clients received a variety of services, from smoking cessation interventions to home visits with nurses.

- **The Commission and its staff invested heavily in supporting contractors**. While the reporting requirements for First 5 San Joaquin are stringent – due to the scrutiny with which this money is monitored – the Commission provides support to contractors to fulfill their requirements.

  Recommendation 1: As the number of contractors partnering with the Commission grows, it may be necessary to make the decision to either decrease the level of support for contractors or increase the number of Commission staff.

  Recommendation 2: As policies and procedures for the Commission funding continue to change because of the experience of contractors, keep staff at the funded programs up-to-date with periodic re-orientations in addition to distributing new sheets for the policies and procedure manual.

- **While clients in high need zip codes received the most services, not all zip codes deemed high need in the Strategic Plan were heavily served in this year**. From the baseline evaluation results, it is clear that the clients who are part of these programs and interventions have needs for support, education, mentoring and assistance. There are relatively few "low need" families receiving services.

  Recommendation 3: Targeting dollars by zip code may not always be the most appropriate choice. The Commission may consider a modification in this policy to target some initiatives, or using target zip codes for a proportion of clients served or funds released.

  Recommendation 4: If focusing the majority of resources and efforts on high-need zip codes is important to the Commission, this policy should be more explicit in the contracting and monitoring activities.

- **The Commission's investment in the programs it funds does not end with money to provide services**. One on one and group technical assistance as well as evaluation help programs improve their quality. Within a safe environment, programs can ask for and receive almost any type of assistance they need to successfully serve their clients.

  Recommendation 5: Continue to provide technical assistance to contractors. Include external consultants to provide this assistance in cases where the request is not consistent with the Program Assistant job description or where the contractor requires intensive one-on-one assistance.

Recommendation 6: Consider hiring a full or part time staff to be responsible for coordinating technical assistance, community engagement and capacity building activities for all agencies that serve children and families in San Joaquin County. Partner with existing agencies that provide this support locally (e.g. Delta College, University of the Pacific, San Joaquin County Office of Education) to pool resources.

- **Overall, the evaluation shows improvements in most of the Commission's outcomes and objectives**. Those objectives that target knowledge change are more likely to show dramatic improvement for clients, while behavior change remains an elusive goal.

  Recommendation 7: Evaluation plans and tools should move towards methods that measure behavior change in clients. Qualitative and quantitative evaluation data should be reported quarterly. Contractors should enter all quantitative data into OCERS.

  Recommendation 8: Continue to consider the role of evaluation as a capacity strengthening activity. The current focus of evaluation – documenting results using the Commission's objectives does not provide detailed information about opportunities for program improvement.

- **The Commission has fostered an environment where program staff trusts each other and considers themselves an important peer group**. Most contractors feel that the Commission emphasizes collaboration both in talk and action. However, the system of services for children and families is not fully integrated, and considerable work remains in this area.

  Recommendation 9: The quality of services delivered by agencies outside the Commission funding impacts the ability for contractors to integrate with community resources. Capacity strengthening activities should continue to extend into the non-funded arena if programs are a source or recipient of Commission clients.

  Recommendation 10: Consider further and substantial investments in non-programmatic projects that integrate systems for children and families.

SECTION I. INTRODUCTION

Proposition 10 Tobacco Tax Initiatives

Proposition 10, and the subsequent California Children and Families Act of 1998, established dedicated funding to improve child health, strengthen families and help children be ready to learn by the time they start school. Proposition 10 increases sales taxes on cigarettes and other tobacco products by $.50 (or a comparable amount) to support local initiatives targeted at the health and development of young children—prenatal to age 5. The legislation created a State Commission, as well as local commissions in each county, to administer the estimated $600 - 700 million annual funding stream generated by the tax. Eighty percent of revenues were earmarked for County Children and Families Commissions to support local efforts for children and families. In 2002, the California Children & Families Commission is now referred to as "First 5 California".

First 5 San Joaquin: Children and Families Commission

The California Children and Families Act required each county to establish a five to nine member commission to oversee the implementation of the Act. One of most important functions of the commission was the development of a strategic plan to identify the needs of young children and their families in San Joaquin County and to establish priorities for funding. The Children and Families Act requires three members of the commission be from specific agencies;[1] all other members are defined by local enabling legislation. The members of the San Joaquin County Children and Families Commission in 2002-2003 were:

- William J. Mitchell, M.P.H., Director, San Joaquin County Public Health Services
- John K. Fujii, O.D.[2]
- Kwabena Adubofour, M.D.
- Susan de Polo, Executive Director, San Joaquin A+[3]
- Gary F. Dei Rossi Ed.D., Assistant Superintendent, San Joaquin County Office of Education
- Mary Flenoy-Kelley, Assistant Principal, Edison High School, Stockton Unified School District and Community Advocate
- Steve Gutierrez, Board of Supervisors
- Randy Snider, Businessperson[4]
- John R. Vera, Director, San Joaquin County Human Services Agency[5]

The Strategic Plan adopted in June 2000 documented the Commission's vision for its county's future: ***All San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted***

[1] Two members must be from among the county health officer and "persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services… one member of the county commission shall be a member of the board of supervisors" (California Children and Families Act of 1998)
[2] Chair, March 2002- February 2003
[3] Vice Chair, March 2003 – Present
[4] Chair, March 2003 - present
[5] Vice Chair, March 2002=February 2003. Mr. Vera retired from the Human Service Agency in 2003. His replacement to the Commission has not yet occurred.

members of society. Revisions to the Strategic Plan were adopted in 2002 to reflect a focusing of this vision.

In order to meet this vision, the Commission decided upon a focused strategy of action to improve outcomes for children and families in San Joaquin County. This strategy guides the role and function of the Commission in the community. "The Commission will:

1. Focus its resources on those locations and populations in the county which have the highest levels of demonstrated need;
2. Support only those services providers who respond to the specific objectives and outcomes in the Strategic Plan;
3. Actively promote system integration by requiring the providers it funds to use coordination procedures developed by the Commission and to participate in activities required by the Commission;
4. Support the building of organizational capacity for those providers best suited to meet the long-term needs of the County's children and families; and
5. Use its evaluation to document the accomplishment of the outcomes established by the Commission."[6]

These strategies form the basis for the 2002-2003-evaluation report. This report is designed to summarize the progress of the Commission towards meeting the goals outlined in the Strategic Plan. This report does not provide summaries of analysis of the progress of each individual program towards their own goals. Consistent with an outcomes-focused evaluation, this analysis focused on the shared progress towards outcomes for clients. In particular, this report seeks to answer the following questions:

- How does the Commission interact with funded programs?
- In what zip codes were services delivered in the last year?
- What kinds of activities did the Commission and funded programs engage in to support capacity building?
- Did capacity building activities affect the strength of programs, and the ability to serve clients well?
- Have funded programs met the Commission's goals for clients?
- How effective are the systems integrating activities of the Commission?

For the purpose of this report, and for contract monitoring, the funded programs are split into four clusters. The programs in these clusters tend to have program objectives, clients, and outcomes in common. Exhibit 1 shows the programs that are part of each cluster.

[6] San Joaquin County Children and Families Commission, 2002-2005 Strategic Plan

Exhibit 1.

Improve Family Functioning	Improve Child Health and Other Community Needs
▪ Child Abuse Prevention Council – Creating Healthy Environments for Children (CHEC) ▪ Charterhouse Center – Community Alliance for Positive Self Sufficiency (CAPSS) and the Montezuma Collaborative ▪ Concilio – Telacoo Program ▪ Office of Substance Abuse – Recovering Families Collaborative ▪ Women's Center – Domestic Violence and Sexual Abuse Reduction Project and Child Abuse Prevention Project	▪ Public Health Services – Nurse Home Visiting ▪ Public Health Services – Comprehensive Outreach and Perinatal Education ▪ American Lung Association – Yes We Can ▪ City of Stockton – Water Waves ▪ Delta Health Care – Every Child Needs to be Wanted ▪ San Joaquin County Office of Education – Teen Pregnancy Prevention Coalition and Creative Child Care ▪ Planned Parenthood Mar Monte – Teen Talk ▪ Stockton Unified School District – Early Care & Intervention Services ▪ San Joaquin General Hospital – Healthy Smiles San Joaquin
Reduce Substance Abuse	**Improve Child Development**
▪ Lao Khmu – Health is Wealth ▪ Public Health Department -Tobacco Free Collaborative ▪ VIVO – Keeping Kids Safe	▪ Easter Seals – Special Families Support ▪ United Cerebral Palsy – Early Intervention ▪ Library Literacy Foundation of San Joaquin County – Training Wheels Manteca Unified School District – Family Enrichment and School Readiness Program ▪ VIVO – Gateway to Growth ▪ United Way Success by Six – Parents as Teachers in Lodi and French Camp ▪ Child Abuse Prevention Council – Expansion of First Step Children's Center Preschool Program ▪ Lots of Tots/ Birds Nest Preschool – Quality First
School Readiness	
▪ El Dorado Elementary School ▪ French Camp Elementary School ▪ Holt-New Hope Elementary Schools ▪ Lao Family- Westwood and Claremont Elementary Schools ▪ Taylor Skills Elementary ▪ United Way- Nightingale, Van Buran and Monroe Elementary Schools ▪ Wagner-Holt Elementary- including Creekside Elementary	

Organization of this report

This report is organized to correspond to the five strategies for Commission action outlined in the Strategic Plan. Using a combination of qualitative and quantitative data, this report presents a description and snapshot of progress on these strategies. The following questions are answered in the sections:

Supporting Contractors *- How does the Commission interact with funded programs and the community at large?*

Targeting Locations of Need *- In what zip codes were services delivered in the last year?*

Building Capacity of Service Providers *- What kinds of activities did the Commission and funded programs engage in to support capacity building? Did capacity building activities affect the strength of programs and the ability to serve clients well?*

Documenting Progress Towards Improved Outcomes for Children and Families *- Have funded programs met their goals for clients?*

Supporting the Integration of Human Services *- How effective are the systems integrating activities of the Commission?*

In order to document progress towards outcomes for children and families, the programs are divided into four clusters in this report. These clusters are consistent with the contract monitoring and evaluation clusters used by the Commission staff throughout this year.

For each cluster, the objectives and outcomes targeted by each program are described. Any data collected by programs that supports the reporting of results by objective and outcome is also presented. The individual evaluation tools are not included in this report although a description of programs contributing to the outcomes is presented. Because this report is organized around the Commission's objectives, not all the evaluation data collected by contractors is presented here. Only those evaluation questions that link to an outcome in the Commission's Strategic Plan are reported in this document.

In the last year, the Commission has taken a greater interest in moving funded programs from changing knowledge to changing behavior for clients. In fact, one of the main recommendations for continuing funding past the original three-year contract is that programs document their ability to affect behavior change in clients.

SECTION II. EVALUATION APPROACH & METHODS

The San Joaquin County Children and Families Commission established an ambitious 2000 Strategic Plan that describes a wide range of significant improvements in the lives of children and families. While it is likely that there will be measurable changes among the children and families who use Proposition 10-supported services, achieving community-wide change will take time. Community level indicators are typically hard to move and may not show any indication of significant change during the first few years of the plan's implementation. As a result, the challenge is to create valid short-term outcomes that will reveal changes in the desired direction of the longer-term outcomes. Described below are the components of the evaluation approach in San Joaquin County.

Contractors are Responsible for the Collection of Client-level Data

Phase I. Use contractor-specific tools to describe programs

Initially, contractor-specific evaluation plans were used to build the capacity of organizations to collect and use data about their own programs. In the Year One report, the results of these program evaluations were combined into groups of programs. That initial report relied heavily on data collected by programs to describe the impact of activities and interventions on clients.

The focus on program evaluations helped the contractors understand the usefulness of data and the relevancy of data collection. However, this approach did not support a shared vision of outcomes tracking across programs. When programs had the same objective but measured it in different ways, there was no way of knowing the extent to which the implementation of both programs supported the objective. To rectify this shortcoming, the evaluation team moved towards a cluster approach in the spring of 2002 and introduced shared data collection as a method for measuring progress.

Phase II. Incorporate Short-term Outcomes and Build Provider Capacity

Each funded program continues to use their evaluation tools, as developed and modified in the last two years. These evaluation plans included pre- post-test designs, provider assessment of environment or behavior change over time, and post-tests of knowledge and skills. The number of measurements conducted over time was determined by the intensity of the intervention as well as the organizational capacity to implement the evaluation design. In the first year evaluation report, results from each of these program evaluations were presented. A major focus of the evaluation work in 2002-2003 was the incorporation of longer-term outcomes and preparing for the Outcomes Collection and Evaluation Reporting Service (OCERS).

Phase III. Focus on Longer Term Change and Build Outcomes Tracking into OCERS

Two parallel tracks characterize Phase III of the long-term evaluation plan. First, programs are strongly encouraged to emphasize behavior change for clients. Moving interventions from knowledge based to behavior based is a key component of the strategic and evaluation plans for the Commission, and requires a maturation of programs that has occurred in the last few years. This longer-term, more sustainable impact for children and families is the cornerstone of the Commission's work and the funded programs have been working on ways to incorporate this into their program designs.

In addition, the Evaluation Team at Harder+Company Community Research, CS&O Project Manager, and Commission staff have spent a considerable amount of time structuring the online data system to meet the diverse set of needs for information, tracking and evaluation data. This data system will replace most paper reporting of evaluation data in the next fiscal year. Most programs have not yet entered client data into OCERS, as the system is still being developed.

Primary Data Collected by the Evaluation Team Provides Additional Information

During this year, the evaluation team completed additional data collection to represent the Commission's activities and priorities. Surveys and interviews with mini-grant recipients, case studies to explore organizational and implementation challenges with contractors, as well as key informant interviews with contractors, as well as a focus group with Commission staff, provided information about the experience of the multiple stakeholders involved with the Commission's work.

Mini-Grant Analysis *– During the fall of 2002, the evaluation team distributed mail surveys to forty-two organizations or groups that received mini-grants from the Commission. To augment this data collection, phone interviews were completed with eight organizations.*

Organizational Case Studies *- During the fall of 2002, the evaluation team completed six organizational case studies to explore challenges and successes in program implementation. These case studies looked at a variety of topics, from culturally specific program designs to reaching hard to reach populations.*

Key Informant Interviews *– The annual phone interviews with contractors were completed in the spring of 2003. These confidential phone interviews provided the chance for contractors to comment upon their experiences in the last year, their implementation, their interactions with the Commission and capacity strengthening activities. These interviews also contained questions about collaboration, which provide a 'baseline' of the status of systems integration.*

Focus Group with Commission Staff *– In the summer of 2003,a brief focus group was conducted with the Commission staff to get their perspective on the Commission activities and progress in the last year. This focus group was also an opportunity to solicit the staff's opinions and feelings about working with contractors and the community at large.*

Limitations of the Evaluation Methods

This evaluation is designed to convey the effects of particular interventions that were designed by community based organizations to meet particular community and client needs. The evaluation provides information about clients who are served by programs; participating clients complete evaluation tools at the beginning and end of services to assess change in knowledge, attitudes and behaviors. This design is not an experimental design; client outcomes are not compared with a control group (e.g. parents who did not receive services). Evaluation tools varied across programs, thus a comparison between programs addressing the same outcomes or goals is impossible given this data. In addition, many evaluation tools rely on the program staff's observation of client outcomes; thus, bias may be present in these circumstances.

In addition, even though programs collected data, very few put this data into a database or spreadsheet for ongoing access. This limited the ability of programs to make mid-course corrections or changes to their programs based on evaluation data because most programs kept only paper files. This analysis includes some Round 3 contractors, namely those whose new contracts used the same evaluation tools as their Round 1 or 2 contracts. Most Round 3 contractors did not collect pre and post-test data during the period covered in this report. In addition, this analysis does not include School Readiness contractors, as they have not yet begun data collection.

This analysis is centered on the Commission's objectives and outcomes, rather than individual program evaluations. While this report provides a good summary of the progress of the Commission and its contractor's towards meeting the objectives in the Strategic Plan, it is not designed to report on the progress of each individual contractor towards their own programmatic goals. This level of analysis was a deliberate shift in the evaluation design this year.

SECTION III. FINDINGS

Description of Clients Served in Year One

Programs funded by the Commission served a diverse set of clients in the last 18 months. Each agency was asked to provide race/ethnicity information for the clients they served this year. The racial/ethnic breakdown of clients served by Commission-funded programs in Year One shows great diversity. Exhibit 2 presents a comparison of the ethnicity of the County population to the ethnicity of clients served in Year One. Each major racial/ethnic group is well represented in the Commission's funding; there is no majority within the group. The largest numbers served fall into the Hispanic/Latino group followed by Caucasian/White, as do the largest numbers in the county overall.

In comparing the first evaluation period to this current year, there is a slight adjustment of the ethnicities of clients. The proportion that is white declined significantly, while the proportion that are Asian (including South East Asian) and Hispanic/Latino increased. This may be a result of targeting services, or a natural change in client populations who are accessing services.

Exhibit 2.

Race/ Ethnicity of County Population and Clients Served in Year One and Year Two

	San Joaquin County[7]	**Children 0-5 in San Joaquin County**[8]	**Clients Served in Year One** (2000 – 2002)	**Clients Served in Year Two** (2002-2003)
White	47%	33%	29%	20%
African American	6%	7%	6%	11%
American Indian and Alaskan Native	<1%	<1%	1%	<1%
Asian	11%	10%	9%	16%
Native Hawaiian or Other Pacific Islander	<1%	<1%	6%	2%
Hispanic/Latino	31%	44%	45%	48%
Other	<1%	<1%	2%	3%
Two or more races	4%	5%	n/a[9]	<1%

[7] Source: US Census, 2000.
[8] Source: Children and Families Commission Website: www.ccfc.ca.gov, based on data from the US Census, 2000.
[9] Agencies did not report a "multi-race" category in Year One.

The total number of clients served during the current year was more than 18,000 (see Exhibit 3). There is a difference between the total number of clients served in Year One versus Year Two, which may be explained by two factors: 1) the initial evaluation period was 18 months, while the current year is only 12 months and 2) a miscalculation of the number served in a program that provided both outreach and intensive services last year lead to the over counting of total clients by almost 4,000 in the first period.

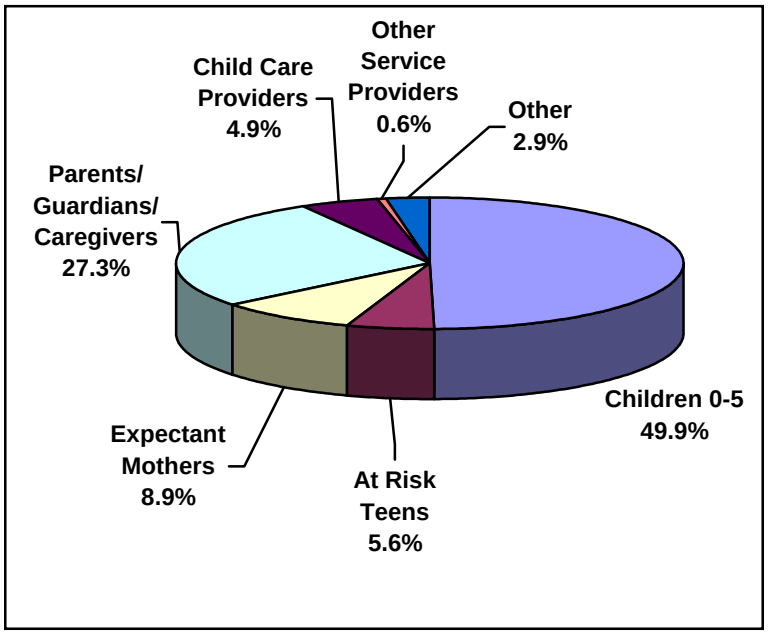
Exhibit 3.

Clients Touched by Commission Funds
Year Two: June 2002 – May 2003

	Family Functioning	Child Health	Substance Abuse	Child Development	TOTAL
Teens	10	942	0	67	**1,019**
Child Care Providers	511	1	4	385	**901**
Children (0-5)	3,054	2,391	28	3,628	**9,101**
Expectant Mothers	104	1,457	12	50	**1,623**
Parents/ Guardians	1,693	1,902	559	905	**5,059**
Other Service Providers	60	34	5	9	**108**
Other	93	58	362	11	**524**
Total	**5,525**	**6,784**	**970**	**5,055**	**18,334**

The majority of clients served were children 0-5, followed by parents/ guardians. Overall, these two groups made up 77% of all clients served. Contractors report hitting their stride in this year; they felt that the initial year was very much a building year: hiring and training new staff, and working out the details of new service delivery models took most of the programs time in the 2000-2002 period. Serving clients and improving services was possible in this reporting period. Exhibit 4 is a visual representation of the client groups touched by Commission funds this year.

Exhibit 4. Total Clients Served in Year Two, by Client Group



Client Snapshot Data from OCERS

Although all contractors (with the exception of School Readiness contractors) have been using the Administrative Management Module (AMM) component of OCERS to track program implementation, only a small group has entered client data. The Client Data Outcomes Module (CDOM) was setup to provide for the storage of information about children served by funded programs. Ten funded programs serve children with enough intensity to warrant entry into CDOM.

Seven programs entered client data into the AMM component of OCERS. Between May 1st and June 6th, 2003, these data provide a snapshot of clients served by these seven contractors. This is not a random sample, and is clearly biased in favor of organizations with the ability to use the data system and obtain informed consent from clients[10]. Keep in mind that the 144 clients included in this sub-analysis represent approximately 1.5% of the children served in 2002-2003. Some key findings for this group of clients are:

- 46% of children with data entered into OCERS were over the age of 3 years, 39% were one year or younger. Children served appear to be fairly well distributed across the 0-5 year range, indicating no particular gaps in services during this period.
- 75% of children were born in San Joaquin County, three children were born outside of California, and two were born outside of the United States.
- In 42% of households, the primary language spoken was English, in 34% the primary language in the home was Spanish, 15% of clients report that Hmong was the primary language spoken in their home;

[10] CS+O introduced new capacity in OCERS to store data about parents and other care-givers in the system. Preparing for this expanded capacity is a major and immediate task for the evaluation team.

- 46% of children were cared for in their home by a family member during the day; the next largest group and an additional 27%, do not report using child care for their children younger than 5;
- 30% of parents reported completing high school (12th grade); another 30% reported completing less than 8th grade, remaining clients reported some college, BA/BS and AA degrees.
- The largest group of clients (26%) report incomes between $15,000 and $29,000 in the last year, for most (60%), this represents wages from full time work[11].

The ethnicity of clients in the data system (see Exhibit 5) is quite different from the reports submitted by contractors during this period. This illustrates the bias in this sample of 144 clients. This sample has fewer African-American and White clients and a similar proportion of Asian clients as the population served overall.

Exhibit 5.

Race/ Ethnicity of Clients in OCERS

	Number	Percent*
White	18	13%
African American	3	2%
Asian	36	25%
Native Hawaiian or Other Pacific Islander	0	0%
Hispanic/Latino	70	49%
Other	7	5%
Multi-racial	6	4%
Decline to state	4	3%
Total	144	100%

* Total adds to more than 100% due to rounding.

This initial snapshot of the demographics of clients served by Commission funded programs confirms much of the data in the Strategic Plan. While English may remain the primary language spoken in the homes of young families, Spanish-only households are a very close second. Exposure to English before Kindergarten is a key component of preparing children for English-only school experiences. Maternal education is also linked to school performance and child development outcomes; the relatively low levels of formal education of parents in this group, combined with the low income levels reported paint a picture of primarily working poor families with young children being served by Commission funds.

The information about childcare is also illuminating and will be interesting to note with more clients in the system. Most parents in this sample (73%) are not choosing to use formal child care (licensed centers and preschools); in fact, most are not in child care settings at all. This finding, if substantiated by a larger sample size, may highlight the importance of parent education to support early learning and development for the children of San Joaquin County. It will be important to consider the reasons parents make these choices. Parents may choose not to use formal childcare because they believe parental care is better, they have cultural norms against childcare or they feel that the existing childcare settings are of poor quality.

[11] We cannot determine if families are below the poverty line, as we did not ask the number of people in each household.

Access to medical insurance and health services is a large component of the Commission's 2003-2004 agenda. Data from this small sample of clients served in 2002-2003 indicates that most clients have health insurance through Medi-Cal. Exhibit 6 shows the source of health insurance for children included in this sample.

Exhibit 6.

Source of Medical Insurance, OCERS Sample of Clients

	Number	Percent
Medi-Cal	85	59%
Private insurance through employer or work	30	21%
Healthy Families	12	8%
No health insurance	3	2%
California Children's Services (CCS)	1	1%
Private insurance I purchase myself	1	1%
Other	3	2%
Decline	4	3%
Don't Know	1	1%
Total	144	100%

Supporting Contractors

During this fiscal year, the Commission staff grew to include four full-time Program Assistants, two full-time fiscal staff, and the Program Coordinator as well as a full-time administrative assistant. The Program Assistants have primary responsibility for monitoring contracts within a cluster of contractors. Contractors were divided into clusters based on similar client outcomes to be achieved; thus, the Program Assistants were able to offer cross-contractor assistance. The Program Assistants are the 'front line' of capacity strengthening and contractor support. Some key components of the Program Assistant job are:

- Monitoring the contractor's compliance and progress against their scope of work;
- Working on new RFPs and new funding opportunities through the Commission;
- Staffing committees and preparing for committee meetings;
- Keeping the contractors informed about new Commission initiatives, changes to reporting formats and upcoming events;
- Providing technical assistance to contractors for specific needs;
- Recommending and brokering technical assistance provided by the Center for Health Training;
- Supporting contractors as they use OCERS for administrative management; and
- Responding to concerns or issues from monthly and/or quarterly reports.

Some examples of Technical Assistance offered this year include:

- Group training for home visiting programs on effective case management
- One on one assistance for a contractor to build a database

The full-time fiscal staff is responsible for reconciling the trust fund and each individual contractor's grant amount. Contractors submit monthly or quarterly invoices including back up documentation and are reimbursed for costs incurred in the implementation of their programs. These costs are then tracked in relation to the total grant amounts for each contractor.

The Commission staff describes their work as a "fine balance" between assuring accountability and building the capacity of service providers. Because the source of these funds is a tobacco tax, and because the money is administered through a public agency with a great deal of public input and attention to the process of grant making, the Commission staff feel a responsibility to be stewards of the funds. In the focus group with Commission staff, most agreed that while the standards for accountability for these funds are high, contractors receive more support for meeting these standards than through other funding sources. This was a sentiment echoed by contractors. In a telephone survey in May and June of 2003, some commented that the amount of reporting that is required for this contract is more stringent than other sources of funds. The three-legged reporting structure – fiscal, program, and evaluation – makes up the accountability framework for the Commission and is relatively time intensive for contractors.

Commission staff does this work in a variety of ways. The most personalized attention is paid during site visits and one-on-one meetings with programs. One member of the Commission staff noted that "[site visits] gives us a better understanding of the realities of what people do". Funded programs also appreciate the chance to show their settings, and meet on their own terms. Programs and Commission staff also utilize email and phone meetings extensively, answering on-the-spot questions using these methods of communication. Often, emails with announcements and instructions are sent to all contractors; contractors are required to have a functioning email account and check that account regularly for information from the Commission.

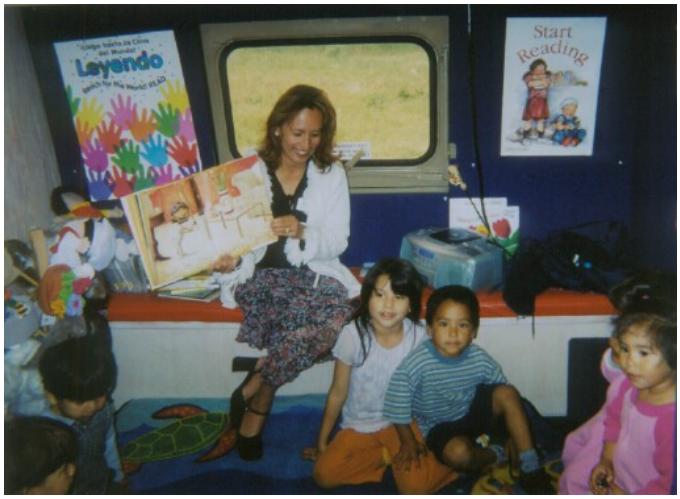
One distinct way that contractors are supported is in bi-monthly contractor's meetings hosted by the Commission. These meetings include announcements from the Commission staff about support activities, technical assistance, new or expanded community resources and evaluation results and progress. But, the most notable component of these meetings is the chance for funded programs to share their successes and challenges with each other in a safe environment.

> "… Sometimes we have to sit quietly and wait…but someone always starts talking eventually."
>
> - Commission staff reflecting on the sharing component of the Contractors' Meetings

At these meetings, contractors speak about their ability to serve clients, changes to referral patterns, new partnerships or collaborations. They also speak about challenges to implementation: getting materials translated, hiring and retaining qualified staff and reaching their goals. Often, another contractor has an idea or suggestion that can help solve the problem. In addition to creating an environment for improving outcomes of individual programs, this kind of sharing helps to foster collaboration between contractors. Most of the contractors reported a new partnership with another contractor based on meeting at a contractor's meeting.

Supporting contractors is not always easy; sometimes the Commission staff need to create action plans to help contractors come back into compliance with their contracts. These plans contain detailed steps that the contractor must take to become compliant with their scope of work. While the Commission staff believe that they are an important partner in helping contractors meet their

goals, the final responsibility for meeting project milestones lies with the programs and these plans help programs know exactly what they need to do to fulfill their scopes of work.



First 5 San Joaquin recognized the unique contributions of smaller projects on the well being of children and families. During 2002-2003, the Commission released five rounds of mini- grant applications that supported projects with budgets smaller than their "Round 1 and Round 2" counterparts. No less a part of supporting children and families in the County, this source of funding provided many small agencies with important new materials and resources while also introducing organizations to the grant making process.

Our analysis of the mini-grant program in San Joaquin County revealed support for the program. Most funded agencies had strong, positive feelings about both the availability of funds in smaller denominations and the process for applying for and receiving these funds. The funding supported a variety of activities, most notably purchasing play equipment, computers, and curriculum/ activities for children.

The staff we spoke to as part of the case studies received a variety of training, both by the Commission and internal to their organization. Internal training focused on organizational policies and norms, as well as the content area for the client services. A rough estimate of the number of staff supported by the Commission reveals that at least 136 individuals constitute the web of ambassadors for the vision of the Commission. These staff are supported and trained by their own organizations, but also represent an untapped stakeholder group. Supporting the expansion of individual knowledge about child development and human services is an important step to building the capacity of organizations and the service system as a whole.

Targeting Need

During the initial strategic planning activities, several areas of the county were identified as particularly "high need" based on secondary data and focus groups with parents and providers. The Strategic Plan highlighted these areas of high need and recommended that the Commission target initiatives and funding to these geographic areas. The needs that were addressed by contractors, and the corresponding high need population from the Strategic Plan are highlighted in Exhibit 7.

Exhibit 7. Areas of High Need Addressed in 2002-2003

Particular Need(s)	Area/Population of Highest Need
Child Health	Stockton (95202) – African Americans French Camp (95231) – African Americans, Hispanics Stockton (95203) – African Americans, Hispanics Stockton (95210) – African Americans, Asians

Particular Need(s)	Area/Population of Highest Need
	Stockton (95215) Ripon (95366)
Parent Education/School Readiness	Stockton (95206) – African Americans, Asians, Hispanics Stockton (95205) – Hispanics Stockton (95204) Stockton (95209) Stockton (95210) – African Americans, Asians Lodi (95240)

Programs reported the residential zip code for clients served in 2002-2003. In the map below, the proportion of clients served by zip code is presented. The following zip codes had the highest number of clients served in 2002-2003: 95205, 95206, 95207, 95210, and 95240.

Exhibit 8. Clients Served by Zip Code, 2002-2003

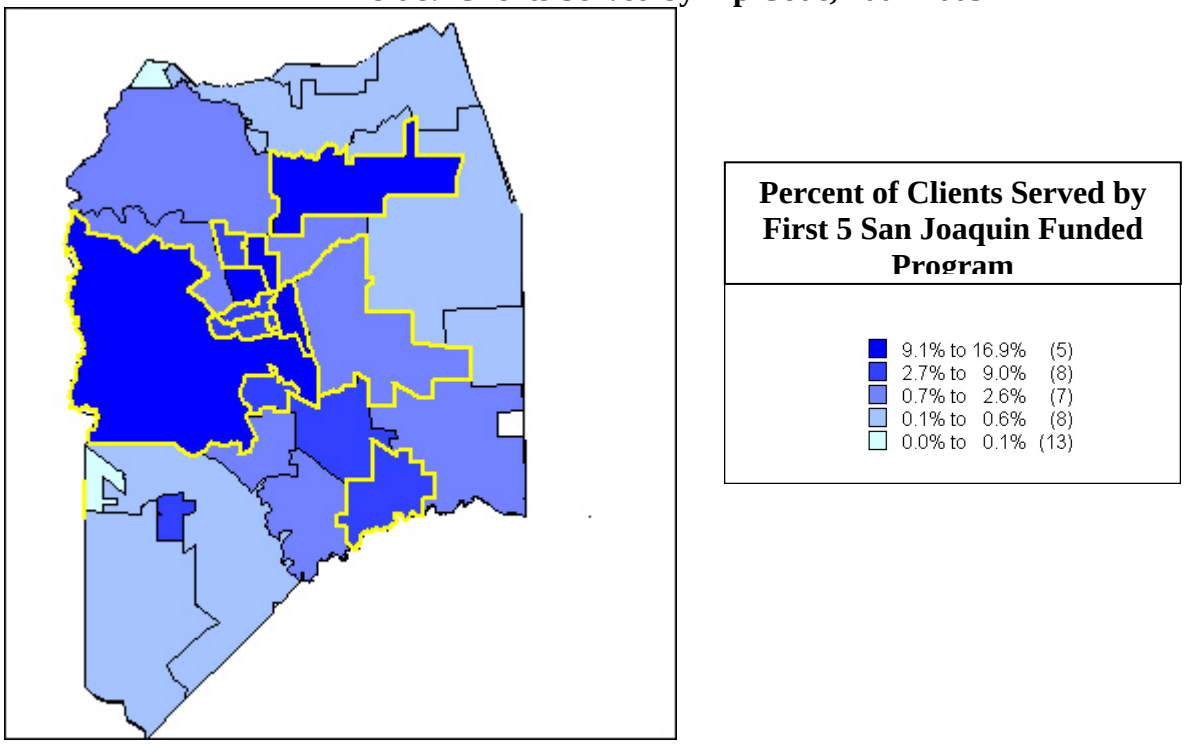


Exhibit 9.

Number and Percent of Clients Served in High Need Zip Codes		
High Need Zip Codes	**Number of Clients Served**	**Percent of Total Clients Served**
95202	546	3%
95203	642	4%
95204	1,131	6%
95205	1,956	11%
95206	2,933	17%
95209	654	4%
95210	1,654	9%
95215	181	1%
95231	488	3%
95240	1,630	9%
95366	472	3%

Exhibits 8 and 9 show that although most of the heavily served zip codes are considered "high need," not all high need zip codes were well served in this year. The percent of total clients served who reside in the high need zip codes range from 1% (95215) to 17% (95206), indicating that targeting clients by zip code was not deliberate this year. This may be the result of the manner in which programs were implemented. First, programs were encouraged, but not required to target services to families according to their residential zip codes. As it was reported, zip code data was not compared to these high need areas on a regular basis; programs were not considered out of compliance if they did not target these zip codes. In addition, all programs had the latitude to serve clients they felt needed services as long as those services did not duplicate services provided by another contractor. For the most part, the results evaluation tools completed at intake reflect that the client population has multiple needs. Finally, in implementation, the targeting of funds to particular zip codes was felt to mask some of the community needs that are subtler than the larger geographic areas described by zip codes.

While some initiatives remain focused on specific criteria – for example the matching funds for the State School Readiness Initiative are tied to low performing schools – the majority of contractors do not decline services to families who live outside the identified zip codes. In addition, contractors report their client's zip codes to the evaluation team, not the Program Assistants on a quarterly basis.

Building Capacity

Capacity building (or strengthening) takes many forms for agencies working with First 5 San Joaquin. Some key components of the capacity strengthening work of the Commission and agencies this year were: training on using the shared client database (OCERS), workshops on best and promising practices in client services[12], one-on-one technical assistance, training on new evaluation methodologies and networking with other service providers.

The Outcomes Collection and Evaluation Reporting Service (OCERS) database proved to be a major topic of training and assistance this year (see above section on "supporting contractors"). When this database is fully functional, it should allow for programs to have real time access to their own evaluation data. With access to their own data, programs can use these results to make changes to their programs and implementation.

The Commission hired the Center for Health Training to provide technical assistance to contractors during this year. This assistance took the form of group and individual work with professional trainers and consultants. Initially, some contractors thought this assistance was only for those contractors who were having problems serving clients; when the initial confusion was cleared and contractors realized that it would not reflect poorly on them to take advantage of this assistance, several sessions were scheduled. Major topics included:

- Early brain development
- Postpartum depression
- Team building (scheduled)
- Supporting quality through supervision
- Culturally responsive practice
- Home visiting (scheduled)
- Best practices in outreach and retention

Documenting Progress

The following section is divided into four sub-sections that correspond with the four clusters of contractors funded in this year. Within each cluster, the Commission objectives targeted by programs are presented, along with a summary of progress towards these objectives. Following each table, a description of one or more projects that address these objectives is included. One exception is that, we have not included data when the number of clients for whom data were collected is smaller than ten. Baseline (or pre-test) data is not included in the tables but is described in the text that follows.

[12] In 2003, home visiting groups will receive training about best and promising practices for this service delivery mode.

Improved Family Functioning

Contractors in this cluster commonly use home visitation programs, counseling services, workshops and educational classes in order to implement their programs effectively and to improve how families are functioning.

Exhibit 10.

Objective: Proportion of children who are developmentally, socially and intellectually ready for school

Charterhouse Center – Community Alliance for Positive Self Sufficiency

Outcome:	Results
Increase in children who are ready for kindergarten	▪ At intake, 49% of children scored above 51 points on the Child Behavior Traits (n=107)*. ▪ At 6 months, 88% of children scored 51 points or higher on the Child Behavior Traits (n=66). ▪ At 1 year, 92% of children scored 51 points or higher on the Child Behavior Traits (n=26).

* The range of scores for this tool is 20-80 points.

The ***Charterhouse Center: Community Alliance for Positive Self-Sufficiency*** program is working to form a community alliance in the underserved, primarily low-income neighborhood surrounding Montezuma School in southeast Stockton. The children and their families who are participating in the Parent Child Home Program receive home visits and services and two tools are used to evaluate changes in the children's readiness for school. Over time, children's scores on the Child Behavior Traits increased. Children are more likely to be organized, attentive, cheerful and self-confidant, and thus, are more ready for kindergarten after the intervention.

Exhibit 11.

Objective: Parent-child interactions are positive and promote healthy development

Concilio – Telacoo Program
Charterhouse Center – Community Alliance for Positive Self Sufficiency

Outcome:	Results
Percent increase in improved parent-child interaction	Program staff assessment of parent's nurturing behavior ▪ At intake, the average score was 2.75* (n=14). ▪ At follow up, the average score was 4.14 (n=14). Program staff assessment of parent's use of effective discipline ▪ At intake, the average score was 2.86* (n=14). ▪ At follow up, the average score was 4.11 (n=14).

Outcome:	Results
Percent increase in improved parent-child interaction	▪ At intake, 24% of parents scored 51 points or higher on the Parent and Child Together (PACT) tool** (n=107). ▪ At 6 months, 76% of parents scored 51 points or higher on the PACT (n=66). ▪ At 1 year, 86% of parents scored 51 points or higher on the PACT (n=26).

* The range of score for this tool is 0-5.
** The range of scores for this tool is 29-116.

The ***El Concilio/Council for the Spanish Speaking: Telacoo Program*** provides assessment and brief mental health counseling sessions for low income Spanish speaking Hispanic parents and their children and uses two scales of the Monterey Life Skill Progression in order to measure parent child interactions: Nurturing and Discipline. These results indicate that participating parents are becoming more loving and nurturing and there is a reciprocal connectedness between parents and children. In addition, more parents are using age appropriate discipline and are teaching and correcting appropriate behavior.

Charterhouse Center: Community Alliance for Positive Self-Sufficiency observes parent child interactions using the Parent and Child Together tool. Parents are increasing their verbal interaction with their children as well as increasing the quality of their interaction.

Exhibit 12.

Objective: Increase in parental knowledge about child development

Office of Substance Abuse – Recovering Families

Outcome:	Results
Percent increase in parents' knowledge of child development	▪ 98% of participating parents had post-test scores over 80% (n=102).

The ***SJC Office of Substance Abuse – Recovering Families Collaborative*** program serves families recovering from the substance abuse of a parent or guardian and teaches about effective parenting and brain development. A parent knowledge questionnaire is administered and includes questions about the effects of alcohol and drug use during pregnancy, use of discipline and positive reinforcement, and developing self esteem in children. By scoring over 80% on the post test, parents have demonstrated that they are knowledgeable about child development.

Exhibit 13.

Objective: Environments are safe and healthy for children

Women's Center –Domestic Violence and Sexual Reduction Project
Women's Center –Child Abuse Prevention Project

Outcome:	Results
Percent of environments that are safe and healthy for children	▪ 30 children who had witnessed domestic violence had a safety plan.

The ***Women's Center of San Joaquin County Child Abuse Prevention*** targets child victims of sexual abuse ages 0 to 5, their parents, caregivers and educators, and children who have witnessed domestic violence. One goal of the program is to increase the number of children who have a safety plan in place in case there is a domestic violence incidence in their home. Safety plans are signed by both the parent and child and identify two people who the child can trust. In addition, the child agrees that they will stay out of the fight, go to their room or a safe place and will call 911 for help.

Home visits, assessments, education classes, and support services (identify, refer and enroll participants) are used by contractors in this cluster in order to implement their programs effectively and to improve the health of children ages 0-5.

Exhibit 14.

Objective: Increase in adequate prenatal care for expectant mothers

San Joaquin County Public Health Services – Nurse Home Visiting

Outcome:	Results
Percent increase in expectant mothers receiving prenatal care	▪ 85% of women began to receive prenatal care during the 1st trimester (before 12 weeks) (n=17). ▪ 15% of women began to receive prenatal care during the 2nd trimester (12-23 weeks) (n=3).

The ***San Joaquin County Public Health—Nurse Home Visitation Program*** provides Public Health Nurses to conduct in-home visiting and case management to high-risk pregnant women and their children ages 0-5. For this reason, one of their goals is to increase the number of expectant mothers who receive prenatal care. Early and adequate prenatal care is a major predictor of health birth outcomes. In this year, the program did not report the trimester in which the women entered the program, so we cannot claim causality for the early entry to prenatal care.

Exhibit 15.

Objective: Increase in children receiving preventive and ongoing regular health care

American Lung Association – Yes We Can
*San Joaquin County Public Health Services – Nurse Home Visiting**

Outcome:	Baseline Results
Percent decrease in children's emergency room visits and/or hospitalizations for asthma.	▪ No post intervention data is available at this time; please refer to the baseline data below.

*Data from this contractor were not reported due to the small number of clients for whom data were collected.

The ***American Lung Association – Yes We Can*** program is designed to help families respond to their young child's asthmatic condition by increasing the family's knowledge of asthma by identifying the triggers that activate the asthma and by modifying the home environment to reduce the child's exposure to asthma triggers. Nurse home visitors provide identification of triggers and assistance to families to reduce the number of triggers in their homes.

- 72% of parents reported that their child was seen in the doctor's office or clinic more than two times in the last three months for urgent treatment of worsening asthma symptoms;
- 64% of parents reported that their child has not missed preschool in the last 3 months because of asthma symptoms or episodes;
- The majority or parents (54%) indicated that their child has experienced shortness of breath, difficulty breathing or coughing after recess, playing sports, or exercising more than two times.

Exhibit 16.

Objective: Parents of young children do not abuse tobacco, drugs or alcohol

San Joaquin County Public Health Services – Nurse Home Visiting

Outcome:	Results
Percent increase in parental awareness of detrimental effects of drug, alcohol and tobacco use and exposure to use for children 0 – 5	▪ Before the intervention, 40% of parents could identify 2 or more effects of using tobacco (n=16). ▪ Following the intervention, 87% of parents could identify 2 or more effects of using tobacco (n=16).

In order to measure parental awareness of the detrimental effects of tobacco use and exposure to use for children ages 0-5, parents in the ***San Joaquin County Public Health—Nurse Home Visitation Program*** were asked to identify the effects of using tobacco both before and after an intervention. A large majority of clients were able to identify the effects of exposure to tobacco, alcohol and other drugs on young children. This is a key initial indicator of parent knowledge, although there is no guarantee that parents who identify the dangers of smoking or using drugs will change their behaviors to exclude their use.

Exhibit 17.

Objective: Reduce rates of unprotected sexual intercourse among teens

San Joaquin County Office of Education - Teen Pregnancy Prevention Coalition
Planned Parenthood Mar Monte – Teen Talk

Outcome:	Results
Percent decrease in unprotected sexual intercourse among teens	▪ 56% of teens in the program report abstaining from sexual intercourse (n=10). ▪ 43% more teens reported <u>not</u> using condoms during sexual intercourse following the intervention.

	Results
Group 2 (N=10)	▪ Participants showed an average increase in risk taking behaviors of 10.7%.

The intent of the ***San Joaquin County Teen Pregnancy Prevention Coalition*** is to reduce teen pregnancies and delay the onset of sexual activity. The target population is sixth through eighth grade students attending fifteen public school districts in San Joaquin County. In order to determine the rates of sexual intercourse among these teens, a pre and post-test was administered. Within the larger evaluation tool used by the program, the most relevant question for this indicator asks teens about their use of condoms. While the majority of students reported that they were not sexually active, those who were reported sexual activities also reported using a condom less often following the intervention than at baseline. This result may be due to the low number of students who reported sexual activity (n=8), or it may be a function of the willingness for teens to report their behavior honestly.

The ***Planned Parenthood Mar Monte's Teen Talk*** program targets girls between the ages of 11 and 14 and provides a program to help the girls develop skills and knowledge to avoid pregnancy during their adolescent years. The goal of Teen Talk is to provide group members with a combination of education, information, peer support and interaction. A total of 19 teens completed the Behavioral Matrix. For two of the three scales there was decrease from pre to post-test indicating an increase in risk-taking behaviors. Because this tool is based on a self-assessment of need, it is likely that clients enter the program with less self-awareness than they gain through participation. Therefore, these needs were probably not developed during the course of the program, but participants may have become more aware of their presence.

Exhibit 18.

Objective: Environments are safe and healthy for children

American Lung Association – Yes We Can

Outcome:	% change Initial Visit – Second Visit	% change Initial Visit – Third Visit
Percent increase in environments that are safe and healthy for children	3% (n=103)	4% (n=15)

The nurse home visitors in the ***American Lung Association – Yes We Can*** program work with families to identify the triggers of asthma and to modify the home environment to reduce the child's exposure to asthma triggers. The nurse home visitor assesses the number of asthma triggers present in the house at baseline and every 6 months thereafter. A lower score on the home assessment indicates fewer asthma triggers in the home. Overall, children who receive at least two visits are living in safer and healthier environments.

Exhibit 19.

Objective: Increase parents' support of their children's learning, healthy growth and development

American Lung Association – Yes We Can

Outcome:	Result
Parent and family ability to manage a child's chronic illness	▪ Parents improved their ability to manage their child's asthma by 26.7% (n=17).

The ***American Lung Association – Yes We Can*** program asks parents to identify their five-step plan to managing an asthma episode. More than 100 baseline assessments were made using this tool, but give the natural progression of the program, only 17 clients have reached the visit in which the post-test is given. However these results are promising as they show that for this initial population, parents are more knowledgeable about their ability to manage their child's asthma episodes.

Exhibit 20.

Objective: Parents use available community services

Delta Health Care – Every Child Needs to be Wanted

Outcome:	Results
Percent decrease in number of no-shows for family planning services	▪ From May 2002 to March 2003, the number of "no-shows" in the Stockton clinic increased 8%. ▪ From May 2002 to March 2003, the number of "no-shows" in the Lodi clinic decreased 9%.

The ***Delta Health Care – Every Child Needs to be Wanted*** program works with women to remind them to attend their family planning visits. Thus, data has been collected in order to determine the number of no-shows for family planning services. After an initial drop in no-show rates reported in the last annual report, Delta Health Care experienced a slight increase in no-show rates in the Stockton clinic. Program staff recognize the difference in transportation options, and lifestyles of women seen at the two clinics and have worked to modify the program to include more incentives (e.g. bus vouchers, etc.) for the Stockton based clients. The Lodi clinic continues to see reductions in no-show rates for family planning appointments; a result the program attributes to the reminder calls and one-on-one assistance provided by the program.

Exhibit 21.

Objective: Parents are CPR certified

City of Stockton – Water Waves

Outcome:	Results
Percent of parents who are CPR certified	▪ 50 parents are CPR certified.

The ***Water Waves*** program, through the City of Stockton targets parents of children ages 3 to 5 and offers CPR classes as a means to improve water safety. In this fiscal year, 50 parents became certified to give CPR should their children or other children in their care need this life-saving action.

Exhibit 22.

San Joaquin County Public Health Services—Comprehensive Outreach and Perinatal Education (COPE) The primary goal of COPE is to identify, enroll and support pregnant women with Comprehensive Prenatal Services Program providers, provide general case management to participating women, and assist them with other needed services beginning as early in the pregnancy as possible. COPE links clients with home visiting and other community programs to increase access to health and other human services, agencies and programs, to promote the health of women, children and their families and provides education and other supports in the community.

While the level of referrals completed by clients in this program is high, the satisfaction of clients who received services is quite low. In particular, the average satisfaction with referrals to medical and insurance services (Medi-Cal, Healthy Families, Pediatric Clinic) was 2.9 on a 1-5 scale. Where "1" indicates very unsatisfied. Women who completed their referrals to programs such as WIC, car seat safety classes, Nurse Home Visiting, Food Stamps, Lead Testing, Food Bank and St. Mary's Dining Room reported more satisfaction with these services (3.3 on the same 1-5 scale). Clients were somewhat satisfied with transportation services (average score was 3.0). These results indicate that while resources in the community exist for clients, the client experience with those resources is less than positive.

Exhibit 23.

Objective: Child are Born Healthy

San Joaquin County Public Health Services – Nurse Home Visiting

Outcome:	Results
Outcome: Percent decrease in infant mortality, low birth weight and other complications of pregnancy.	▪ 100% of the babies born to women who received home visits weighed more than 2,500 grams (n=6).

Of the six children that we have data for in the ***San Joaquin County Public Health—Nurse Home Visitation Program,*** all of them weighed more than 2500 grams when they were born. As more data is collected, we will be able to determine if there is a significant decrease in low birth weight among the children who are born to mothers in this program.

Reduce Substance Abuse

Contractors in this cluster work on prevention and awareness through educational workshops, one on one session and through outreach and community awareness events. All of these programs use these service vehicles to reduce substance abuse among parents of children ages 0-5.

Exhibit 24.

Objective: Parents of young children do not abuse tobacco, drugs or alcohol

Lao Khmu – Health is Wealth
Public Health Department – Tobacco Free Families
Vietnamese Voluntary Foundation, Inc. – Keeping Kids Safe

Outcome:	Results
Outcome: Percent increase in parental awareness of detrimental effects of drug, alcohol and tobacco use and exposure to use for children 0– 5	▪ Before the intervention, 60% of parents could not identify <u>any</u> of the effects of alcohol (n=10). ▪ After the intervention, 90% of parents could identify two or more of the effects of alcohol (n=10). ▪ Parent's knowledge of the detrimental effects of drug, alcohol and tobacco use and exposure for children 0-5 increased 37% (n=31).

Outcome: Percent decrease in exposure of children 0 - 5 to smoke and the effects of parent drug, alcohol and tobacco use	▪ Clients showed an increase in healthy behaviors associated with smoking (e.g. harm reduction, decrease in number of cigarettes) of more than 30% between intake and one week following intervention. ▪ Between intake and one month following intervention, clients showed a decrease in healthy behaviors of nearly 4%. ▪ Healthy behaviors appeared to rebound at the three-month mark with clients reporting an increase of 2.4%.

The ***Lao Khmu Association (LKA)*** program provides drug, alcohol and tobacco prevention education, intervention and case management for Southeast Asian families. The program features a multi-faceted approach to the prevention and intervention program and has three components: 1) group/individual prevention education sessions; 2) family-based intervention/case management services and 3) referral services. Overall, participants showed a remarkable increase in their ability to describe the dangers of AOD to young children. One caveat must be made, however, this is a knowledge only based intervention that relies on an oral post-test of knowledge that is administered immediately following the intervention. This process is less than ideal, but seems to be the best methodology for this particular population.

The ***Public Health Services: Tobacco Free Families*** program is a collaborative designed to help parents quit smoking. In order to encourage pregnant women and parents of children ages 0-5 to eliminate tobacco use, health and social service providers offer a variety of strategies including smoking cessation classes, one-on-one counseling, alternative complementary interventions prevention activities, and outreach and community awareness efforts.

The rebound effect in the one-month to three-month period for smoking behaviors is a natural progression of breaking an addictive cycle. Immediately following the intervention, clients are enthusiastic about quitting, but when withdrawal and other physical and emotional side effects of quitting smoking appear, it is often more difficult to stay with these healthy behaviors.

The ***Vietnamese Voluntary Foundation, Inc. (VIVO)- Keeping Kids Safe*** program educates parents and caregivers about risk reduction behaviors. The Keeping Kids Safe project is designed to reduce substance exposure to young children ages 0-5 years

Improve Child Development

Contractors in this cluster tend to focus their efforts on home visitation programs in addition to outreach and education.

Exhibit 25.

Objective: Caregivers spend time reading and telling stories to children

Library Literacy Foundation of San Joaquin County – Training Wheels

Outcome:	Results (n=56)
Increase in time spent reading and telling stories to children	▪ 48% of parents and caregivers reported increasing the number of days per week they read to their child. ▪ 63% of participants reported an increase in the number of minutes per day that they read to their child. ▪ 32% of participants reported telling more stories to their child. ▪ 52% of participants reported an increase in the number of minutes per day that they sang, recited rhymes and or played with their child.

Library Literacy Foundation of San Joaquin County – Training Wheels utilizes a mobile van to provide family literacy programs to rural and under-served areas in San Joaquin County. Trained bilingual staff teaches parents and caregivers the importance of reading to their children who are of ages 0-5. A pre and post-test survey is administered to parents/caregivers in order to measure if there is an increase in the amount of time spent reading and telling stories to children.

Exhibit 26.

Objective: Increase in parental knowledge about child development

Vietnamese Voluntary Foundation, Inc. – Gateway to Growth
*Birds Nest / Lots of Tots Preschool – Quality First**

Outcome:	Results
Percent increase in parents' knowledge of child development	▪ 71% of parents of children with special needs showed an increase in their knowledge of child development (n=21). ▪ 75% of parents showed an increase in their knowledge of child development (n=16). ▪ 94% of parents showed an increase in their knowledge of cognitive development (n=13). ▪ 75% of parents showed an increase in their knowledge of physical development (n=17).

*Data from this contractor were not reported due to the small number of clients for whom data were collected.

The ***Vietnamese Voluntary Foundation – Gateway to Growth*** program provides parenting workshops to Vietnamese speaking families with children ages 0 to 5 residing in San Joaquin County. The topics of the workshops that are offered are: 1) Children with Special Needs and Child Development Series Review 2) Introduction to Child Development, 3) Cognitive Development, 4) Physical Development. Parents are surveyed immediately before and after the workshops in order to measure the percent increase in their knowledge of various areas of child development. Because each of the survey's total points possible was different, the results have been presented separately for each topic area. Parents overall showed large increases in their knowledge of child development. But, keep in mind that these are knowledge-based questions administered immediately following the interventions, so real behavior change may be less positive.

Exhibit 27.

Objective: Child care providers participate in ECE opportunities

Birds Nest / Lots of Tots Preschool – Quality First

Outcome:	Results
Percent increase in number of providers participating in training programs	▪ 13 providers completed 34 Early Childhood Education (ECE) units during the reporting period. ▪ The most common number ECE units completed by the child care providers were three units.

Birds Nest/ Lots of Tots is a mid-sized childcare center and their Quality First program aims to improve child care services in the central Stockton area by increasing the number of bi-lingual staff, expanding the hours of operation, subsidizing the continuing education of staff, implementing a parent awareness workshop, purchasing new curriculum, and implementing a broad-based

marketing campaign. Staff at Lots of Tots tracked the number of ECE units each provider completed throughout the contract period. The thirteen participating teachers completed 34 units in the contract period. The most common number (modal) of ECE units attained per teacher was three units. Research indicates that more educated childcare providers (those with advanced degrees in child development) deliver higher quality care that is more cognitively and emotionally stimulating than those without advanced training. Thus, although this is not measured by the evaluation, it is possible that children are benefiting from the increases in training and education of their childcare providers.

Exhibit 28.

Objective: Increase in effective parenting skills

Easter Seals of San Joaquin County – Special Families Support Program

Outcome:	Results
Percent increase in practice of effective parenting skills	▪ No post intervention data is available at this time; please refer to the baseline data below.

The ***Easter Seals of San Joaquin County Special Families Support Program*** provides in-home mental health counseling and support services to help parents develop effective parenting skills. The services aim to increase parents' knowledge and ability to understand and cope with their child's emotional development. Pre test data has been collected from 18 parents around this component of the program. Pre test data indicates:

- 50% of parents report reading to their children at bedtime at least "frequently" (n=18).
- 67% of parents report involving their child in quiet activities if they are overactive at least "frequently" (n=18).
- 83% of parents report praising their child for learning new things at least "frequently" (n=18).
- 50% of parents report threatening to punish their child, but then they don't at least "frequently" (n=18).

These baseline measures indicate that parents are fairly high functioning at intake to the program, but some improvement in the discipline and consistency measures can be made. As these are parent reports of their behavior, they are combined with an observational tool that looks at the interactions between parents and children following the interventions.

Exhibit 29.

Objective: Increase in parents' educational attainment

Manteca Unified School District – Family Enrichment and School Readiness Program

Outcome:	Results
Percent increase in parent's educational attainment	▪ One teen parent completed the requirements for high school graduation. ▪ Three teen parents completed at least four classes toward high school graduation.

The ***Manteca Unified School District – Family Enrichment and School Readiness Program*** is an after school intervention that intensely serves a small number of pregnant and parenting teens in the school district. One component of the program is to provide tutoring for pregnant and parenting teens in order for them to increase their educational attainment. Because this program intensely serves a small number of clients, it is important to note that the changes that are presented in Exhibit 29 are substantial even though they only represent data from 5 clients. The link between teen pregnancy and lower educational attainment perpetuates a cycle of poverty among young families. Thus, breaking this cycle by offering specialized support to pregnant and parenting teens, while very time intensive, is a remarkable achievement.

Exhibit 30.

Objective: Increase in children receiving preventive and ongoing regular health care

United Cerebral Palsy – Early Intervention
Easter Seals of San Joaquin County – Special Families Support Program

Outcome:	Results
Percent increase in children at-risk receiving referral to early intervention services	▪ 36% of children and families were referred to Play Therapy (n=12). ▪ 15% of children and families were referred to Speech Therapy (n=5). ▪ 15% of children and families were referred to Physical Therapy (n=5). ▪ 33% of children and families were referred to other services (n=11).
Percent increase of children with developmental gains after participation in early intervention	▪ 35 children entered the program with a developmental delay or a risk for delay and still had a delay after six months. ▪ 2 children entered the program with a developmental delay or a risk for delay and in subsequent assessment no longer showed a significant delay.

Outcome:	Results
Percent increase in children at-risk receiving developmental screening	▪ 17 children received developmental screening.

*Respondents may have been referred to more than one service.

The ***United Cerebral Palsy's Great Beginnings…Better Tomorrows*** program includes infant Development Services that facilitate the child's overall cognitive, physical, communication, and social/emotional development through play-based curriculum. As one of the ways to increase parental access to services, this program also tracks the services to which children and families are referred and monitors if and when the family received the services.

The above data is very encouraging in that not only were the majority of the parents contacted within 30 days of their child's referral, but the majority of the children received a timely and appropriate service. This is important to note because in many instances children will be referred to other services, but if appropriate follow up is not done to ensure that the child receives the service, the referral is often overlooked. Another important outcome for families in this program is the reduction in developmental delays for participating children. Typically, children with significant delays are not likely to be considered without delay within 3 months of an intervention. However, children with slight delays may move into the "typical" range of development with high quality services. The majority of children with initial assessments that showed developmental delays showed delays at the second assessment; two children moved into "typical" range during their tenure in the program. These are important results and show that the complex program may help children and families change the trajectory of their child's development.

Exhibit 31.

Objective: Parents use available community services

Easter Seals of San Joaquin County – Special Families Support Program

Outcome:	Results
Percent increase in parent use of community services	▪ 11% of families received housing services (n=19). ▪ 21% of families received employment / public assistance services (n=19). ▪ 53% of families received food or nutrition services (n=19). ▪ 6% of families received domestic violence services (n=19). ▪ 50% of families received a developmental screening for their child (n=18).

The ***Easter Seals of San Joaquin County Special Families Support Program*** refers their clients to community services depending on their needs. This is an important component of their program as when they are conducting home visits, they are also recognizing other areas where the family may need assistance. Thus, referrals to other agencies are continuously being made and tracked in order to ensure that their client's needs are being met. This idea of tracking resources and referrals also

works to support collaboration with other agencies and to ensure that their clients receive a seamless system of program access.

Exhibit 32.

Objective: Increase parental access to services

United Cerebral Palsy – Early Intervention

Outcome:	Results
Percent of children receiving early intervention services within 30 days of referral.	▪ 75% of children received early intervention services within 30 days of referral (n=15).

The ***United Cerebral Palsy's Great Beginnings…Better Tomorrows*** program tracks the number of referrals to other services as one of the ways to increase the number of children who receive appropriate services. When a child is referred to another service, parents should be contacted as soon as possible thereafter in order to ensure the likelihood that the child will receive the appropriate services. Of the 20 children who were referred to another service, 75% of the children received early intervention services within 30 days of the referral. This follow up call is conducted in order to encourage and or ensure that the child receives the appropriate services. This is a very important result, as it indicates that families are actually receiving the services they need for their children.

Integrating Systems

Building collaborative capacity and integrating systems were major cornerstones of the Commission's work this year. This section outlines the results of interviews with contractors, which is conducted on an annual basis. The protocol for these "Key Informant Interviews" is attached to this report as Appendix A. The analysis that follows is based primarily on the systems integration work of the Commission as it related to funded contractors. The Commission engages is more of this type of work than is described in this report. The annual report to First 5 California will contain more descriptive information about these non-contractor based integrative activities.

At bi-monthly contractors' meetings, the Commission Staff spent time explaining the nature of cooperation, coordination and collaboration. Programs are also encouraged to collaborate, and reduce the duplication of services, during the application and contracting process. Most programs took the first 18 months to work out any start up problems with their client services. Many experienced significant delays due to staff turnover, ineffective outreach, and other common problems with starting a new program. In this second year of funding, as these problems were worked out, the contractors were able to focus on a more holistic view of positive outcomes for children and families.

> "I feel like I belong to a group, my peers. There used to be competition – this is my turf and don't mess with me – but in the end, we are all here to improve family functioning"
> - Contractor

Programs have different perceptions of collaboration and they have different ideas about how much (and how well) they currently collaborate. Most agree that the Commission encourages collaboration, although some noted that the competitive nature of the RFP process does more to promote competition between agencies.

Program directors defined collaboration ranging from the philosophical: “coming together for a common goal” to emphasizing organizational strengths, “working with other agencies that serve the same population in order to provide services we may not be able to provide on our own” and included concepts of family and client-centered services “we work together to provide whatever services a client needs”.

However, when contractors were asked to describe their current collaborations, their answers indicated that most are not working together as described by their own definitions. While most contractors had made or received referrals from other agencies (37% and 24% respectively) only 17% report joint case management. Less than 10% of agencies plan for future programs with another agency; many of these are departments within large public agencies. Only seven percent (9 programs) reported that they share a physical location with another organization. Many programs cited “doing workshops or trainings” at another contracted agency as a collaborative activity, when this actually does not require a shared understanding of client needs, or a commitment to work cooperatively. This type of cooperation does require contractors to care about other contractors ‘meeting their numbers’, which may be a signal of community building.

These results indicate that while funded programs are beginning to work together by making and receiving referrals from other agencies, most have not moved past this initial stage into more difficult forms of collaboration. One bit of good news for the Commission is that the vast majority of contractors cited the Commission events (Contractor’s meetings primarily) as their entrée into meeting agencies with whom they coordinate services. The Commission is acting as a catalyst for agencies to work together.

We found through case studies that most agencies are concerned foremost with the success of their own programs and interventions and do not have the resources to concentrate on developing the capacity to collaborate. Not surprisingly, the program managers we spoke to told us that their primary concern is helping the families they serve. For some, making referrals is a regular part of their program model, however, many also noted that clients have needs they are not prepared to meet because of a lack of skills or the scope of their agreement with the Commission does not allow for it. An important point needs to be conveyed to contractors in that building collaboration can, in the beginning, reduce the total number of clients served while improving the quality of those services.

The community of Commission-funded programs has begun to refer within the 23 agencies. Funded programs often do workshops or trainings at the site of another funded program. This sharing of information is a first step (the communication phase) towards a reciprocal integration of services for families, and is facilitated at the bi-monthly contractors meetings.

Program managers and line staff depend on their own knowledge of existing community resources when faced with a need to refer or coordinate services. While the community of providers funded by the Commission represent an experienced and savvy group, relying on the personal knowledge and networking skills of a small group of individuals may create vacuums of information.

Contractors who receive funding from the Commission, along with other organizations that provide services for children and families, should be encouraged to share information.

Providers we talked to touted the home visitation coordination meetings, where organizations that provide in-home services for families come together and share information about their own programs, their challenges, and their successes. These meetings can provide a blueprint for other coordination efforts, since they combine funded and non-funded agencies together.

Contractors also praised the work of Commission staff during the bi-monthly contractor's meeting as another means for collaboration. They supported the 'big picture' and 'county-wide' view of the Program Coordinator and other staff, and appreciated the chance to see and share with other funded agencies. These meetings are well attended and their mandatory nature is not resented because they are scheduled well in advance and provide useful information.

Some of the results described in the section above ("Documenting Results") indicate that while referrals are often made to public and community based organizations, the results of these referrals are mixed, indicating that although referrals are made, the quality of service delivery can be improved.

SECTION V. CONCLUSIONS, RECOMMENDATIONS, NEXT STEPS

Overall, this has been a tremendous year for First 5 San Joaquin. New initiatives, like the School Readiness Initiative were funded, contractors continued to provide high quality services to the children and families of San Joaquin County, and important planning activities in universal health insurance and improving the quality of child care began. All of this occurred during a time of severe budget uncertainty for most public agencies. The system of supports for children and families – to which the First 5 funds were designed to support – began a slow unraveling, the impact of which will not be felt for many years.

The Commission succeeded more this year than ever before, building on the positive momentum from its inception. In the areas highlighted in the Strategic Plan, there is good news to report. The experience of the last year provides several recommendations to help the Commission establish its place as a leader in systems integration and support for San Joaquin County.

Supporting Contractors

The Commission and its staff invested heavily in supporting contractors during this year. While the reporting requirements for First 5 San Joaquin are stringent – due to the scrutiny with which this money is monitored – the Commission provides support to contractors to fulfill their requirements. Commission staff is, without exception, passionate about their work and their role in the work of First 5 San Joaquin. They walk a fine line between acting as champion for programs they know and hold dear and keepers of a strict accountability system.

Contractors have access to many types of support through the Commission staff and consultants. While the Commission staff has taken pains to emphasize both the reason behind policies as well as the philosophy that asking for help is a sign of strength, many programs do not fully take advantage of the resources available to them. On the other hand, the implementation of a new program takes considerable energy, and some organizations may be able to assess their needs more accurately after this second year of implementation.

In many ways, the Commission is still a new organization. Implementing new initiatives, launching a complex data system, and supporting existing contractors takes a lot of attention and hard work. Managing the expectations of contractors (for a relaxed funding source), the community (for a visible and active funding source) and the Commission (for high quality programs and interventions with documented results) is a complex task. Policies and expectations of Commission staff vis-à-vis contractor support may need to be explicitly considered.

> *Recommendation 1*: As the number of contractors partnering with the Commission grows, it may be necessary to make the difficult decision to either decrease the level of support for contractors or increase the number of Commission staff.
>
> *Recommendation 2*: As policies and procedures for the Commission funding continue to change because of the experience of contractors, keep staff at the funded programs up-to-date with periodic re-orientations in addition to distributing new sheets for the policies and procedure manual.

Targeting Need

While clients in high need zip codes received the most services, not all zip codes deemed high need in the Strategic Plan were heavily served in this year. From the baseline evaluation results, it is clear that the clients who are part of these programs and interventions have needs for support, education, mentoring and assistance. There are relatively few "low need" families receiving services. Data from OCERS in the coming months will be extremely useful in describing the clients served by contractors.

The needs of families with young children, in the county as a whole, are not likely to go away. In fact, given the current state of California's budget, it's likely that these needs will increase dramatically. Even if the Commission's allocation begins decreasing, First 5 San Joaquin remains one of the most solvent funding entities in the county. Helping to support the safety net of services for young children may mean shifting the way the Commission targets and meets the needs of the community of caregivers, young children and their families. Being deliberate about these choices may require additional assessments of community need and difficult decisions about the function and role of First 5 San Joaquin County.

> *Recommendation 3*: Targeting dollars by zip code may not always be the most appropriate choice. The Commission may consider a modification in this policy to target some initiatives, or using target zip codes for a proportion of clients or funds released.
>
> *Recommendation 4*: If focusing the majority of resources and efforts on high-need zip codes is important to The Commission, this policy should be more explicit in the contracting and monitoring activities.

Capacity Building

The Commission's investment in the programs it funds does not end with money to provide services. One on one and group technical assistance as well as evaluation help programs improve their quality. Within a safe environment, programs can ask for and receive almost any type of assistance they need to successfully serve their clients.

However, as the number and complexity of funded programs grow, the ability for Commission staff to provide detailed, technical capacity strengthening assistance to contractors may become diluted. In addition, while the numbers of contractors grow, there are local agencies and organizations that are not funded to provide direct services that could benefit from training and capacity building. It's important the assistance provided to the funded agencies is available to those that are not funded – non funded agencies may, in fact, need this assistance more than funded agencies.

> *Recommendation 5*: Continue to provide technical assistance to contractors. Include external consultants to provide this assistance in cases where the request is not consistent with the Program Assistant job description or where the contractor requires intensive one-on-one assistance.
>
> *Recommendation 6*: Consider hiring a full or part time staff to be responsible for coordinating technical assistance, community engagement and capacity building activities

for all agencies that serve children and families in San Joaquin County. Partner with existing agencies that provide this support locally (e.g. Delta College, University of the Pacific, San Joaquin County Office of Education) to pool resources.

Documenting Results

Overall, the evaluation shows improvements in most of the Commission's outcomes and objectives. Those objectives that target knowledge change are more likely to show dramatic improvement for clients, while behavior change remains an elusive goal.

One of the key considerations around evaluation and documenting results is the role of evaluation in capacity building. The information reported by contractors, and thus presented in this report, is based on documenting progress towards the Commission's overall goals and the Results Based Accountability framework. Since a Commission level evaluation does not provide each individual program with a complete picture of their own implementation, this data cannot, by itself, be used for program improvement. On the other hand, reporting the program-specific results severely limits the ability to talk about Commission-wide goals and objectives. Again, being deliberate about this choice helps contractors understand the purpose of evaluation as well as guiding data collections and analysis.

Recommendation 7: Evaluation plans and tools should move towards methods that measure behavior change in clients. Qualitative and quantitative evaluation data should be reported quarterly. Contractors should enter all quantitative data into OCERS.

Recommendation 8: Continue to consider the role of evaluation as a capacity strengthening activity. The current focus of evaluation – documenting results using the Commission's objectives – does not provide detailed information about opportunities for program improvement.

Integrating Systems

The Commission has fostered an environment where program staff trusts each other and consider themselves an important peer group. Most contractors feel that the Commission emphasizes collaboration both in talk and action. However, the system of services for children and families is not integrated, and considerable work remains in this area.

Integrating systems may support an expanded role for the Commission as human service budgets decline. Providing quality improvements grants could provide funds to program that do not receive direct service funds. These grants could be used to improve customer service, evaluate current practices, develop coordination plans or strengthen organizations. Likewise, assistance could be provided to ensure that eligible entities (for example county departments) apply for and receive all possible matching funds. Supporting non-direct service contractors may require a slightly different role for Commission staff – one of convener or facilitator rather than monitor or technical assistance (TA) provider.

Recommendation 9: The quality of services delivered by agencies outside the Commission funding impacts the ability for contractors to integrate with community resources. Capacity

strengthening activities should continue to extend into the non-funded arena if programs are a source or recipient of Commission clients.

Recommendation 10: Consider further investments in non-programmatic projects that integrate systems for children and families.

Evaluation in 2003-2004

Both the scope and activities associated with evaluation continue to grow along with the Commission. Some highlights for 2003-2004 include:

- Full implementation of OCERS client data collection capacity including a shared longitudinal child and family survey, client outcomes, and aggregate counts of clients served by program;
- Revisions to evaluation tools to correspond with changes to program designs as contractors move towards behavior change for clients;
- Implementation of an evaluation of the School Readiness Initiative, including primary data collection, use of OCERS, child and family surveys, and school capacity inventories;
- Evaluations of the large mini-grants (over $25,000) using standardized tools;
- One on one assistance for contractors who need additional work on evaluation implementation, cluster based work for those without this need for additional assistance;
- Incorporating the evaluation of planning grants, and system integration work more seamlessly into the evaluation design;
- Evaluation of new funding initiatives, including Universal Health Insurance, Data Warehouse and the OCJP Grant;
- Continued work with CS&O to implement the OCERS system;
- Case studies with clients served by contractors of the Commission to describe their experiences with services, needs and outcomes, and areas of unmet need for children and families;
- Integration of the county-level evaluation design and results with the Statewide Evaluation, lead by SRI International; and
- Facilitating decision making based on the results of evaluation activities through the Planning and Evaluation Committee and reports to the Commission.

APPENDIX I. KEY INFORMANT INTERVIEW PROTOCOL

Part I. Update

1. I am familiar with your project, so I'd like to start with an update. Can you give me a brief update on your Prop 10 project?

2. Thinking about the last year (since last summer), has your program had any changes from your first year?
    a. If yes, what were they?
        i. Why did you make these changes? [Probe for using evaluation data, talking to clients about their needs]
        ii. How have the changes affected your program? Staff? [Additional training, new staff?]
        iii. How have these changes affected your clients?
    b. If no, were there changes you would have liked to make but didn't?
        i. Why not? [Probe for barriers to changes such as the scope of work, rigidity of the project]

3. What have been your most significant victories in the last year?
    a. How are these important to your project?
    b. To your clients?
4. What have been your biggest challenges in the last year?
5. How have these challenges affected your ability to reach your goals?
    a. How have these challenges affected your ability to serve clients?
    b. How have you worked to overcome these challenges?
    c. Has anyone been particularly helpful in working through these challenges?
        i. Did you receive any help from other Prop10 contractors?
        ii. Did you receive any help from the Commission staff?

Part II. Collaboration

The Commission is interested in hearing about how agencies and programs work together, so I'd like to ask you some questions about collaboration.

1. First, what does collaboration mean to you? [Probe for a definition or description]
2. Do you feel like you collaborate with any agencies?
    - If yes, which agencies? (fill in the table)
        - Are they also Prop 10 contractors?
    - If no, go to question 5.

I'd like to ask you some questions about each of these collaborations.

Thinking about the first agency you mentioned, _____

3. How did you learn about this agency?
    - Worked together in the past

- ❑ Met through a Commission activity
- ❑ Was asked to work with them by Commission staff
- ❑ Personal relationship with a staff member
- ❑ Agency where I used to work
- ❑ They are a prominent agency in my community ('everyone knows about them')
- ❑ Other: _____

4. Thinking about the kind of collaboration you have with this agency, would you say that you do any of the following?
   - Provide training to their staff?
   - Receive referrals?
   - Make referrals?
   - Deliver services together?
   - Share information about clients?
   - Plan future programs together?
   - Share budgeting?
   - Other: _____

Instructions: write in the name of the organization, and circle/ mark the number that corresponds with the answer given.

Agency with whom you collaborated:	Provided training to staff	Received referrals	Made referrals	Joint service delivery	Sharing data	Shared planning	Shared budgeting
A.	1	2	3	4	5	6	7
B.	1	2	3	4	5	6	7
C.	1	2	3	4	5	6	7
D.	1	2	3	4	5	6	7
E.	1	2	3	4	5	6	7

I'd like to ask you some questions about your feelings about collaboration.

5. Have you worked with other agencies in a collaborative manner at any time?
   - ❑ If yes, please tell me a little about the good part about working together.
     i. Could you describe some of the challenges in working together?
   - ❑ If no, why not?
     - ❑ Nobody to collaborate with
     - ❑ Does not help our clients
     - ❑ Worried about confidentiality/ privacy

- Laws or regulations forbid it
- Takes too much time/ more trouble than it's worth
- We don't get credit for it
- Other:

_____

_____

6. How do you think collaboration affects clients?
    - Always helps
    - Sometimes helps
    - No effect
    - Sometimes hurts
    - Always hurts
7. What are the circumstances where collaboration helps clients?
8. What are the circumstances where collaboration hurts clients?
9. How do you think the Commission encourages or discourages collaboration?

Part III. Organizational Context

1. During the last year, were there any organizational or program events that affected your ability to implement your First 5 program? What were those events and how did they impact your program?

Event	Impact

2. What is your current impression about the status of this program when your contract with the Commission is complete?
    - Have not thought about it
    - Program will stop
    - Program will continue
        - Source of funds _____
    - Program will be incorporated into other services
    - Other: _____
3. What kinds of actions have you taken to assure sustainability?

Part IV. Evaluation and Data Collection

I'm going to ask you some questions about evaluation and data collection now. Some of these questions are about your experience participating in the Commission's evaluation activities. I am also going to schedule another time for us to talk about your client outcomes.

1. Evaluation requirements for programs funded by the Commission include quarterly reporting of demographic and outcome data to Harder + Company, attending trainings for OCERS, and participating in site visits with the evaluation team. In this year, do you feel like you were able to complete the evaluation requirements for your grant?

- Did not complete any evaluation activities
- Completed some evaluation activities
- Completed all evaluation activities

2. Did you collect evaluation data for most of your clients this year?
   - Yes
   - No
   - Don't Know
3. Did you use the results of your evaluation to change anything about your program?
   - Yes
   - No
   - Don't Know

      i. If yes, what did you change?
4. Did you participate in any of the following optional evaluation activities this year?
   - Evaluation Subcommittee
   - Pilot testing forms or surveys for OCERS
   - Training on moving from knowledge to behavior change
   - Other:
5. On a scale of 1 to 5, if "1" represents not at all useful, and "5" represents extremely useful, please rate your response to the following questions.

	Not at all useful		Neutral		Extremely useful
How helpful was the three-page summary of evaluation results you received last summer?	1	2	3	4	5
Site visits and one-on-one meeting with Harder staff	1	2	3	4	5
Cluster meetings (before contractors meetings)	1	2	3	4	5

Part X. Closing

Do you have any other comments or information you would like to share with the Commission as part of the annual evaluation report?